SÚBÍMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp Received?

Date Stamp (Baceived) MM 122017

ENTERD pate: Refund: Permit #: Amount Paid:

5-83-D

17-0-68

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

Bayfield Co. Zonling Dept

XShoreland —	-		Section	Section Z	SW 1/4, SW 1/4	LOCATION	PROJECT	Robert	Authorized Agent: (Per	Contractor:	64050	Address of Property:/	Anthony	Owner's Name:	TYPE OF PERMIT REQUESTED.
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —		, rownsip _ r rv, nauge	Township 47 N Banga X	1/4 Gov't Lot Lot(s)	consideration of the state of t	legal Description: (Use Tax Statement)		Authorized Agent: (Person Signing Application on behalf of Owner(s))		County NWY A	(x. Cox		□ IAND USE
ce, Pond or Flowage	er, Stream (incl. Intermittent) If yes-continue		- /Ko/	Town of:	CSM Vol & Page	87661	Tax ID# (4-5 digits)	715.505.5263	Agent Phone:	Contractor Phone:		City/State/Zip:	N7024 566	15%	SANITARY PRIVY
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	/	RON KINDA	·)	e Lot(s) No. Block(s) No.			715-505-5263 EG477490th AV Meromon	Agent Mailing Address (include City/State/Zip):	Plumber:			N7024 560th St Monomonic, WI 5475,	City/State/Zip:	☐ CONDITIONAL ISE ☐ SPECIAL INSE
+	7			Lot Size	Subdivision:	Document #:	Recorded Deed (i.	Johnsonic-	State/Zip):				WI 5475'		1
¥ Yes	ls Property in Floodplain Zone?		ù	Acreage		R-	Deed (i.e. # assigned by Register of Deeds)	Attached ✓ □ Yes □ No		Plumber Phone:	*	Cell Phone:		<u>₽</u>	ROA DTHER
¥ Nes	Are Wetlands Present?		نع	,			egister of Deeds)	No	Written Authorization	hone:		••	•		

				70,080	<i>γ</i>		Value at Time of Completion * include donated time & material	☐ Non-Shoreland	
Raze old show]	Property	Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project		
	☐ Foundation	☐ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	X1-Story	# of Stories and/or basement		7
					Year Round	□ Seasonal	Use		A second second second
		None		□ 3	ີ 2	1	# of bedrooms		+
□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		<u> </u>
			n) 		Xwell	☐ City	Water		2

Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)		The second communication of the second secon
Length:	Length:		
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Height:	Height:		
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	Length: $2\dot{\gamma}$ Width: $2\dot{\gamma}$ H	g Structure: (If permit being applied for is relevant to it) Length: $24'$ Width: $24'$ H H H Grant Construction: Length: $24'$ Width: $24'$ H	g Structure: (If permit being applied for is relevant to it) Length: $24'$ Width: $24'$ H H width: $34'$ H

Symplexymmen	Secretarial Staff		X 23		Rec d for Issuante			T	Commercial Use	1		-	X Residential Use				Proposed Use
			otrone		-	<u> </u>											•
Other: (explain)	Conditional Use: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration (specify)	Accessory Building (specify) Studio - Storage	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure
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x)	x)	×)		×)	4 × 24)	x)	x)	x)	×)	х)	×)	х)	x)	×	х)	×)	Dimensions
					576												Square Footage

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

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Authorized Agent:

Address to send permit

(If there are the Deed All Owners must si Gook_ g on behalf of the o owner(s) a letter of authorize or letter(s) or sation must accompany this application) orization must accompany this application) Date

Date. 4 **2**

Show: Show: Show any (*): Show any (*): Jow Location of:
Show / Indicate:
Show Location of (*):

Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

(5) (7)

attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family State or Federal agencies may also require permits.

Signature of Inspector: Hold For Sanitary: Hold For TBA:	Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No - (If No they need to be attached.)	Inspection Record: Note of Inspection: Inspection Record: Inspe	Granted by Variance (B.O.A.) Case #: Was Parcel Legally Created Was Proposed Building Site Delineated Wes INO Was Proposed Building Site Delineated	Permit #: P OLO Is Parcel a Sub-Standard Lot Yes (Deed of Record) Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Yes	Permit Denied (Date): Reason for Denial:	Issuance Information (County Use Only)
Hold For Affidavit:		Lakes Classification () Inspected by: Date of Re-Inspection:	Gase #:	Ite: 5-23-17 No Mitigation Required Pes No Affidavit Attached Pending	r Denial:	lumber: # or bedrooms: January Date.

MAP OF SURVEY MAP # 4813 EOT 6 OF THE ASSESSOR'S PLAT IN THE S 1/2 OF THE SW 1/4 OF SECTION 31, T. 47 N., R. 8 W., IN THE TOWN OF IRON RIVER, BAYFIELD COUNTY, WISCONSIN, AS RECORDED IN DRAWER 3 ON SHEET 4 BEARINGS ARE BAYFIELD COUNTY GRID IN THE BAYFIELD COUNTY REGISTER OF DEEDS OFFICE. SURVEYOR'S CERTIFICATE I, LARRY T. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY: THAT ON THE ORDER OF ANTHONY COOK, I HAVE SURVEYED AND MARPED LOT 5 OF AN ASSESSOR'S DATE OF THE STATE OF AMERICAN COURT I PAPE SURFEILD AND MARYPED LOT 6 OF AN ASSESSOR PLAT OF THE STAZE OF THE SWATA OF SECTION 31, T. 47 N., R. 8 W., H. THE TOWN OF HOME RAMER, BAYRELD COUNTY, WISCHOMS, AS RECORDED IN DRAWER 3 ON SHEET 4 IN THE BAYRELD COUNTY REGISTER OF OFEDS OFFICE; that this map is a true representation of SAID survey; THAT I HAVE FULLY COMPUED WITH CHAPTER A-E7 OF THE WISCONSIN ADMINISTRATIVE CODE IN MAKING SAID SURVEY AND MAP; AND THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. LARRY T. NELSON PLS #1278 20,100 SQ. FT.± 0.48 ACRE± LAKES 89'58'47' E N 89'54'01" E N 69'53'39" E H 89'83'27" E COUNTY HICHWAY RUTH6 150.00 AREA PROPOSED NEW BOUNDARY LINE 5,800 SQ. FT.± 0.13 ACRE± what is land distance West of utility pole? R. 9 W. SEC. 31 35C. 36 S 89'53'33" W 7. 48 N. SEC. 1 SEC. 6 SEC. 1 NELSON CLIENT: COOK, A. SURVEYING SCALE: OHE HICH = 30 FEET 😝 AKKAUMENT FOUND, AS HOTED IP- IRON PIPE FLE H/THIRREM/SECS1 PSOMM/HIG.132 ACMO/HIGI32 COCK REMSED: OCTOBER 28, 2016 LAND EXCHANGE INCORPORATED O I" K 18" ROW PRE SET THIS SURVEY PIPE DIMENSIONS ARE OUTSIDE DAMETER ree to this map.

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Frickson property deed will have to be updated - as will my property deed

Frickson property deed will have to be updated - as will my property deed

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Mage, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Issued To: Anthony Cook & Leanne Moehle / Robert Cook, Agent 17-0160 No. Par in Iron River Town of Range 8 W. 47 Township 31 SW 1/4 Section **SW** 1/4 of Location: CSM# Subdivision Block Lot Gov't Lot

For: Residential Accessory Structure: [1-Story; Studio (24' x 24') = 576 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and/or sleeping purposes. No indoor plumbing fixtures with connection to pressurized water source unless approved connection to POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 23, 2017

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Conversion

APPLICATION FOR PERMIT

Garage

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80.00 80.00 FF

Permit #: Date: 17-DIS

INSTRUCTIONS: No permits will be is Checks are made payable to: Bayfield DO NOT START CONSTRUCTION UNTI

EDERMIT RECUIRCITED - V AND THEE TO CAMITARY TO BRING TO CONDITIONAL THEE TO CONDITIONAL THE CONDITION	made payable to: Bayfield County Zoning Department. PART CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	IONS: No permits will be issued until all fees are paid.	(715) 373-6138	PO Box 58	Bayfield County
ANITARY TORRING CONDITIONAL	TO APPLICANT.	Baylield Co. Zoning Dept.	APR 13 2017 LU (EN	Date Stamp (Received)	BAYFIELD COLUNTY, WISCONSIN
		Refund:		Amo	, 5. 1. 1. 1.
		Ind.	Reconnect 350 \$100	Amount Paid: N. 22-17	

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	_	×	十		a)	Special Use: (explain)		
		. >	 -	on (specify)	Accessory Building Addition/Alteration (specify)	Accessory Building		
		×	-	,	(specify)	Accessory Building		
		×	_		n (specify)	Addition/Alteration		
	_	×	 -	ONLY THE RESIDENCE OF THE PROPERTY OF THE PROP	ufactured date)	Mobile Home (manufactured date)		
	1	×	_	\square sleeping quarters, or \square cooking & food prep facilities)	임	Bunkhouse w/ (□ sanitary,		Secretarial Starr
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		×			with (2 nd) Porch	with (2	8	Rec'd for Issuance
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Square Footage	ions	Dímensions		Proposed Structure	Propose		•	Proposed Use
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Taket.	SEPTE	pecify Type	ts) S	ω	Dry		Conversion	18 000 XS
K		Specify Type:	17 Sp	🔀 Year Round 🛭 2 🗎 (New) Sanitary	1-Story + Loft X Yes	ā	ddition//	1 1
∏ City			Ţ	Seasonal X 1		truction 🗶 1-Story	New Construction	
Water	em ?	What Type of Sewer/Sanitary System Is on the property?	Vhat /San 1 the	Use of Sewer/bedrooms Is on	# of Stories and/or basement		Project	Value at Time of Completion * include donated time & material
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X No	No		line : feet	tinue Distance Structure is from Shoreline:	t of Lake, Pond or Flov	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Is Property	
Present?	Hoodplain Zone?	L		4		dwar a since of a toought		★ Shoreland →
Are Wetlands	ls Property in		ine:	Dista	of River, Stream (incl.)	☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodolain? If yes—continue	Is Property	2
ge	, Acreage	× 150	248 Lot Size	TROW RIVER 2	⊗	p 47 N, Range	, Township	Section 3
		rision:	Subdivision:	Vol & Page Lot(s) No. Block(s) No. Si	Lot(s) CSM V	Gov't Lot	1/4	5w_1/4, Sw
Deed (i.e. # assigned by Register of Deeds #: 2017 R- 567137	. # assigned by	ed Deed (i.e. # a	Recorded I	934	Tax ID# (4-5 dig)	Legal Description : (Use Tax Statement)	gal Descrip	PROJECT Le
Written Authorization Attached □ Yes □ No	Written A Attached	1):	ate/Zik		Agent Phone:	ication on behalf of Owner(s)	Signing Appli	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Plumber Phone: 715 684 6050	715 G		79		Contractor Pho		7	Contractor:
3778	715 817		-	>	A TROW RIVE	Co Huy,	D O	64140 S. CORD
	Collaboration	hlohs I	B	.Co.Rd B South RANGE,	6922 E. Co.Rd	2	DOLSER	GREGORY
le:	_ ≗ ◎	To Co	ŕ	City/State/Zip	Mailing Address:	7		Owner's Name:
OTHER	988		2 U S	PRIVY CONDITIONAL USE SPECIAL USE	☐ SANITARY ☐ PRIVY	X LAND USE	ESTED-	TYPE OF PERMIT REQUESTED-

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Acetacy

owner(s): (Changed 5 - Bells) - Bells and Early Company (State on the beed All Owners must sign or letter(s) of authorization must accompany this application) Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 6922

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South

RANGE,

Let 54874 Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Date

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Hold For TBA: Hold For Affidavit: Hold For Fees: Hold For Fees:	Signature of Inspector: Date of Approv	mmittee or Board Conditions Attached? I Ves I No- mint next and the time required the	tion: 5-4-1) Inspected by: \\ MURPH	Was Proposed Building Site Delineated	Previously Granted by Variance (B.O.A.) Case #	Lot Yes Deed of Record No Mittigation Required Yes No Affidavit Required Yes No Affidavit Attached Yes No No No No No No No N	Permit Date: 5-84-10	e Information (County Use Only) Sanitary Number: 235 448 # of bedrooms: Sanitary Date: 5-25-	ret from the minimum required setback, the boundary line from which the new of a corrected compass from a known corner within 500 feet of ction, Septic Tank (ST), Drain field (DF), Holding Tank from the Date of Issuance if Construction or Use has ate or Federal agencies may also require permits.	ten (10) feet of th	2	Feet 20% Slope Area on property Feet Elevation of Floodplain	Feet Setback from Wetland	ght-of-Way Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff	from the Centerline of Platted Road The Centerline of Platted Road	neasured to the closest point)	Please complete (1) - (7) above (prior to continuing)	PRZUY	ORFUE WAY ORFUE WAY OF 150' 150' 150'	(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%
C. S. Jan 1	Date of Approval:	De permit	Lakes Classification (Shrua	Yes No		lavit Required		nitary Date: 5-35	re setback must be measured must be visible from the proposed site of the structure, or must be k (HT), Privy (P), and Well (W). not begun. form Dwelling Code.	3	3C Feet	Yes No		2	INICASUISING	brosen by one riaming or rouning before	of by the blancing by Jonisa Da			

wn, City, Village, State or Federal Sermits May Also Be Required

LAND USE - X
SANITARY - Reconnect 235448
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0	1	Į:	ssue	d To: Gr	Gregory & Elizabeth Dolsen						- 111111	30H4-		
Par in Location:	sw	W ½ of SW ½ So		Section	31	Township	47	N.	Range	8	W.	Town of	Iron River		
Gov't Lot		,	L	_ot	<u>'/4</u>	Blo	ck	Su	bdivisio	on				CSM#	

For: Residential Use: [1- Story; Conversion to Residence (30' x 24') = 720 sq. ft.; Porch (12' x 24') = 288 sq. ft.]

Total Overall = 1,008 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): Addition must meet County Highway setback. UDC permit and inspections required from Town contracted UDC inspector. Connection shall be consistent with State Code including depth of bury, insulation, and piping material.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 24, 2017

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58 Washburn, WI 54891 (715) 373-6138

Bayfield Co.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stand (Received) 5 9 5

Date Stamp (Received) Ž 2470

Refund: Date: Amount Paid: ermit #: 5.30-17 17-074

Section 36 , Township 47 N, Range OE W M Town of:	1/4 1/4, 1/4 1/4 2 Lot(s) CSM 1/4 2 1/6	PROJECT PAR IN GOUT LOT 1 たいり10号 Tax ID# (4-5 digits) LOCATION Legal Description: (Use Tax Statement) そのこ今8	N/A	Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone:	CONSTRUCTIONS MY SOIF CONTROLLY NO 372-372-		Address of Property: City/State/Zip:	JEFFERRY V and PATTY A ANDERSON 11197 HAVESCENE AVE SPARTS, WIT SHESE	Owner's Name: Mailing Address:	TYPE OF PERMIT REQUESTED-> X LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	
Trown of: TRON RIVER	Vol & Page Lot(s) No. Block(s) No.	igits)	rs/A	e: Agent Mailing Address (include City/State/Zip):	7/5-372-5351 AAA	IRIN RIVER, WIT SYRYY	: كَالَّهُ:	Mavescale Ave Sparta, u	ress: City/State/Zip:	PRIVY CONDITIONAL USE SPE	W 2	Bayfield Co. Zoning Dept /
10t Size 306' × 662'	Subdivision:	Recorded Deed (i.e. Document #:		/State/Zip):				JE 54656				Reiunu:
Acreage 2 5.040		Deed (i.e. # assigned by Register of Deeds) #:	Attached No	Written Authorization	Plumber Phone:	608-326-1283	Cell Phone:	625-269-5369	Telephone:	☐ B.O.A. ☐ OTHER		

Proposed Construction:	Existing Structur						320,000	Λ		Value at Time of Completion * include donated time & material	☐ Non-Shoreland	X Shoreland →	
uction:	Existing Structure: (if permit being applied for is relevant to it)	をようなこと	XXCCXCCX	Property	□ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project		X is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?
	or is relevant to it)	COMMER SYCH	Thick estige	₩ Foundation	No Basement	☐ Basement	2-Story	💢 1-Story + Loft	☐ 1-Story	# of Stories and/or basement		n 1000 feet of Lake, Pon If y	liver, S
Length: 30	Length: 10/A	8		No warek	NO HEST	STORAGE	x Gassas	💢 Year Round	□ Seasonal	Use		Pond or Flowage If yescontinue	tream (ind. intermittent) If yescontinue>
					X None		□ W	2	<u>1</u>	# of bedrooms		Distance Stru	Distance Stru
Width: 30'	Width: 2/2		□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon	X Sanitary (Exists) Spec	☐ (New) Sanitary Spec	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline:	Distance Structure is from Shoreline : ハノ州 feet
Height: 24	Height: E/A				ntract)	lited (min 200 gallon)	ITY Type 43 T	ify Type:		pe of ry System operry?		□ Yes X.No	ls Property in Floodplain Zone?
4	7				<u>L</u> .			XWell	□ City	Water		□ Yes	Are Wetlands Present?

Proposed Use	`	Proposed Structure		Dimensions	Square
		Principal Structure (first structure on property)		×)	
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
,		with Loft	_	×)	
X Residential Use		with a Porch	\neg	×	
		with (2 nd) Porch	\neg	×)	
		with a Deck	(х)	
		with (2 nd) Deck	(x)	
न पुडायामाना विकास		with Attached Garage	_	×)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(×)	
		Addition/Alteration (specify)	(×)	
Suble Parial Staff	X	Accessory Building (specify) Garage STORE, No Mest, No see The		30' X 30')	1560
· ·	□ Monthood	Accessory Building Addition/Alteration (specify)	_	×	
		Special Use: (explain)	$\overline{}$	× }	
		Conditional Use: (explain)	(x)	
		Other: (explain)	_	×	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES cation (including any accompanying information) has been examined by me (usl) and to the best of my lour knowledge and belief it is true, correct, and complete. I (we) acknowledge that I (we) etail and accuracy of all information I (we) am (are) providing and that It will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the target of the purpose of inspection.

Authorized Agent: a letter of authori

ers must sign or letter(s) of

this application)

Date

27-

Owner(s): (If there are Mysical

Address to send permit Jeffereu (If you Ayberson ner(s) a 11147 Haveredala かりや any this

> Date AL SON

Attach
Copy of Tax Statement
Copy of Tax Statement
Statement our Recorded Deed

95 Granted by Variance (B.O.A.) Permit #: 17-0174 Hold For Sanitary: Signature of Inspector: Date of Inspection: Inspection Record: Permit Denied (Date): Issuance Information (County Use Only) Setback to Privy (Portable, Composting)
Prior to the placement or construction of a structure within ten (10) feet of the other previously surveyed corner or marked by a licensed surveyor at the own is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Setback from the West Lot Line Setback from the **North** Lot Line Setback from the **South** Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Condition(s): Town, Committee or Board Conditions Attached? Setback to Septic Tank or Holding Tank Setback from the East Lot Line Was Parcel Legally Created Was Proposed Building Site Delineated Wes Bulder Please (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from fourly surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be by a licensed surveyor at the owner's expense. complete (1) - (7) above (prior to continu (1) (2) (3) (4) (5) (6) (7) A Por The C ∞ S 306.50 Show any (*): Show any (*): Setbacks: (measured to the closest point) Show: Show: Show Location of (*): Show Location of: Show / Indicate: <u>Draw or Sketch your Property (regardless of what you are applying for)</u> 885C NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Iocal Town, Village, City, State or Federal agencies may also require permits. □ Yes □ Yes Hold For TBA: DASCA (Fused/Contiguous Lot(s)) (Deed of Record) CBO KEL Z Z Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% O O W. CROOKed Lake Rd 3<u>2</u> Permit Date: Sanitary Number: Inspected by Reason for Denial: 2/2 Measurement 210 5 5 S 217 155 190 Yes C 565.60 Hold For Affidavit: ZX とつみて < No-(If No they need to be attached.BY LANGE 8 8 8 0 0 Feet Feet Feet PROPOSET Feet Cases £ 8 C 1 がいるの (3) Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.) Were Property Lines Represented by Owner Wes Setback to Well Elevation of Floodplain Setback from Wetland Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff 20% Slope Area on property E. Fr B 200 でなった。 \$ Changes in plans must be approved by the Planning & Zoning Dept. Portaina Hold For Fees: 🗌 # of bedrooms: □ Yes March 1 No No STAN STAN Dacin Cockey 4 Affidavit Required
Affidavit Attached the same 艺术 Sanitary Date: Date of Re-Inspection: 9 الم Date of Approval でくるが Xyes 2/2 35 601 pm Measurement □ Yes C corner to the N S ---□ No Feet Feet Feet N_o Feet Feet

City, Village, State or Federal May Also Be Required

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17	7-017	4		Issue	d To: J∈	ffere	/ & Patty A	nders	on					Laboratory-
Locatio	n: -	1/.	4 C	of -	1/4	Section	35	Township	47	N.	Range	8	W.	Town of	Iron River
Par in Gov't Lo	ot 1			Lot		Blo	ock	Su	bdivisi	on				CSM#	
(Disclai	mer):	Any fu	ture	expans	ions or (developmer	it would	ry; <u>Garage</u> (require addition	nal per	mitting				shall not	contain indoor
								o pressuriz						- Livenius - F	b.000047
			_										Je	ennifer Mu	ırphy
NOTE:	•		•	s one ye as not b		date of issua	ince if th	ne authorized co	nstructi	on		,	Author	ized Issuing	Official
	_	•		•				vithout obtaining							
	•		•			•		ation informatio	n is four	nd			R/I	ay 30, 201	17
				•	-	neous, or in	-	e. conditions are	not				IAI	ay 50, 20	
	c po		,		. 5 7 5 . (6)	wy politi								Date	•
	comple	ted or i	f an	y prohibi	itory con	ditions are v	iolated.								

SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58 Washburn, WI 54891 (715) 373-6138

BAYFIELD COUNTY, WISCONSIN Date Stanig (Received)

Ž Ž

Permit #: Refund: Amount Paid: こうのうつ 125.00 5-31-17 4:0-17

Couring

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)	Section 36, Township 47 N, Range 8	SW 1/4, SW 1/4 Gov't Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s)) Por A A++P M A+	Milestone Materials	CHOKEN THE COOK	Address of Property:	Mathy Construction Company	NIT REQUESTED→> □ LAND USE	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
iver, Stream (incl. Intermittent) Distance Structure is from Shoreline:	W Iron RIVER	CSM Vol	PIN: (23 digits) 20137	715-49-0005 PO BX 189, Onalaska, wi Shost	115-492-0063 Agent Mailing Address (include City/State/Zip):	Contractor Phone: Plumber:	PANTICIA COUNTY XI	PD Box 189 Onalaska, WISH	☐ SANITARY ☐ PRIVY X CONDITIONAL USE ☐ SPECIAL USE Mailing Address: City/State/Zip:	eld Co. Zoning Dept.
oreline : Is Property in Are Wetlands	Lot Size Acreage	Subdivision:	Volume 1030 Page(s) 530	CUINI SHOZ Attached	/State/Zip): Written Authorization	Plumber Phone:		WIS4650 497-0065	□ b. ¢]

Value at Time of Completion	Project	# of Stories	<u>-</u>	역, #	What Type of Sewer/Sanitary System	Water
* include donated time &		and/or basement	Car	bedrooms	Is on the property?	
material)	•	Municipal/City	□ City
	☐ New Construction	☐ 1-Story	Seasonal	-	Withinipal/ City	□ well
	Addition/Alteration	1-Story + Loft	Year Round	□ 2	[(New) Sanitary Specify Type:	
\$	Tagain Tagain	7-Story	R A A A	⊔ 3	☐ Sanitary (Exists) Specify Type:	
2	Conversion	Rasement		AN A	Privy (Pit) or Vaulted (min 200 gallon)	on)
	☐ ZeiCcate (existing ords)			None	Portable (w/service contract)	
	☐ Run a Business on	No Basement		1		
	Property	☐ Foundation			Compost follet	
	A arange of	Z Z P			U None	-
	La distriction and the	ric relevant to it)	Length:		Width: Height:	
Existing structure: (II be	Existing Structure: (ii) perilic being application is secured.	6 0 0 0 0 0	Length:		Width: Height:	

☐ Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage

If yes---continue

☐ Is Property/Land within 300 feet of River, Stream (incl. Intel Creek or Landward side of Floodplain? If yes---continu

If yes---continue

Distance Structure is from Shoreline:

feet

Is Property in Floodplain Zone?

Present? Vyes No

Width: He Dimension	(f) the through a property		Proposed Use Y			Proposed Construction:	ration common fit permit being applied for is relevant to it) Length:
lag ar		×	Footag	Dimensi	TELLO.	The state of the s	

	_		-+			X - X
Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) Wobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities; Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify)	w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) ne (manufactured date) teration (specify) uilding (specify) uilding Addition/Alteration (specify) (explain)	Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)
× × × × × × × ×		×	× × × ×	× × × ×	x x x x x x x	
						NA

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which am (are) result of Bayfield County in determining whether to issue a permit. I (we) are cases to the may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent: (If you are signing 3 (s) a letter of authorization must accompany this application)

Address to send permit

owner(s): Mathy

onstruction

Stygn or letter(s) of arthorization must accompany this application)

(If there are Multiple

RX つ の Dinglaska 08-FC

Copy of Tax Statement Copy of Tax Statement Fryou recently purchased the property send your Recorded Deed

Hold For Sanitary: Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Issuance Information (County Use Only) Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Signature of Inspector: Condition(s):Town, Committee or Board Conditions Attached? Yes No Inspection Record: Granted by Variance (B.O.A.) Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Permit Denied (Date): Fe Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setb other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Setback to Drain Field Setback from the East Lot Line Date of Inspection: setback to Septic Tank or Holding Tank Please complete (1) - (7) above (prior to continuing) ヨウロシン (1) (2) (3) (3) (5) (6) (7) Show any (*): Show any (*): Show: Show: Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Show Location of: Setbacks: (measured to the closest point) Show Location of (*): For The Draw or Sketch your Property (regardless of what you are applying for) てきがナン ないで <u>-</u>9 NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits. つう Case #: Yes (Deed of Record)

Yes (Fused/Contiguous Hold For TBA: 对的 B -41, MS (*) Driveway and (*) Frontage Road (Name Frontage Road)—
All Existing Structures on your Property—
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% Proposed Construction North (N) on Plot Plan -りじ xstatpling PH, Sanitary Number: をある Permit Date: Reason for Denial: Measurement TI MO States Hold For Affidavit: N N N SEE SE NO-(If No they need to be attached.) Feet Feet Feet Feet Feet back, the Section Culssaydx Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.)
□ Yes XNo Setback from Wetland
20% Slope Area on property
Elevation of Floodplain STRAPING FOSSO-Were Property Lines Represented by Owner
Was Property Surveyed Setback from the River, Stream, Creek
Setback from the Bank or Bluff イデ dary line from which the setback must be measured must be visible from Setback to Well Setback from the Lake (ordinary high-water mark) Ø. 450 COMMETER Rade Hold For Fees: TRUCKTON 9 *PENO DECENSOR OF THE PROPERTY OF TH Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: Description DECEMBER DEC F17-200 T ながある Case #: Lakes Classification () DALDIT Affidavit Required Affidavit Attached Zoning District □ Yes Sanitary Date: <u>,</u> ラ Notes : Synthic of Approval one previously surveyed corner to the I D D ☐ Yes Measurement □ Yes □ No Feet Feet Feet Feet

Village, State or Federal May Also Be Required

SIGN -SPECIAL -CONDITIONAL - ZC 5/18/2017 BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0	177		Į:	ssue	d То: Ма	thy C	onstructio	n Co				WF		
ocation:	SW	1/4	of	SW	1/4	Section	36	Township	47	N.	Range	8	W.	Town of	Iron River
Gov't Lot		*	***	.ot		Blo		Su	bdivisio	on				CSM#	

For: Commercial Other: [Non-Metallic Mine (Gravel Pit & Temporary Asphalt Plant)]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per Deb Kmetz review, Land & Water Conservation inspection / reclamation plan, & Planning & Zoning Committee review & conditions. Committee Condition: 10-year duration, expires May 31, 2027.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 31, 2017

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

CATICANTERED) Permit #: Refund: Amount Paid: 5-31-17 7-018

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

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		×						Conditional Use: (explain)	Condition		
	-	×	_					Special Use: (explain)	Special Us	daff	Secretarial Staff
							,	ļ			
	_	×				Accessory Building Addition/Alteration (specify)	ition/Alte	/ Building Add	Accessory		
	_	×	_				(specify)	Accessory Building (s	Accessor	- 1	Municipal Use
	_	×					(specify)	Addition/Alteration (s	Addition/	lance 🗆	Rec'd for Issuand
)	×	_				ured date)	Mobile Home (manufactured date)	Mobile H		
)	×	(☐ cooking & food prep facilities)	☐ cooking & fc	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or	ry, <u>or</u> □ sk	se w/ (□ sanita	Bunkhous		
	}	×	(ed Garage	with Attached Garage		se	Commercial Use
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	_	×				ck, etc.)	unting sha	Residence (i.e. cabin, hunting shack, etc.)	Residence		
	_	×	-			on property)	st structure	Principal Structure (first structure on property)	Principal		
Square Footage	ns	Dimensions	Di			Proposed Structure	Pro			٠,	Proposed Use
	Height:	He			stare.	Length:	Le			lion:	Proposed Construction:
20		He He		Width: 40		Length: 40		r is relevant to i	ng applied fo	(if permit bei	Existing Structure: (if permit being applied for is relevant to it)
				None		population	(A Principal Control Co		
				Compose Tonet			\ <u>\</u>	ો ટ્રે		Jopeity	<u>_</u>
Park Agent Williams		tract)	ervice con	Portable (w/service con	None		ment	□ No Basement	iness on	□ Kun a Business on	
<u>š</u>	n 200 galle	ted (mi)	, _ Vau	Privy (Pit) or	<u>'</u>		Ā	Basement	existing bldg)	Relocate (existing bldg)	T
. <u> </u>	NHA NHA	fy TypeŚ	ts) Specin		w			2-Story	7	Conversion	25000
- The	4	Specify Type: _	ry Specif	□ (New) Sanitary		Year Round	Loft	1	Alteration	☐ Addition/Alteration	\$
□ City			ty	☐ Municipal/City	1	Seasonal		▲ 1-Story	truction	当New Construction	T_
										V	material
Water	3	e of y Syster perty?	What Type of Sewer/Sanitary System Is on the property?	V Sewer Is or	# of bedrooms	Use	es ment	# of Stories and/or basement	Ö.	Project	Value at Time of Completion * include donated time &
											□ Non-Shoreland
r □ Yes	□ Yes ⊡No	[]	line :	Distance Structure is from Shoreline :	Distance Struct	*	ake, Pond o	☑ s Property/Land within 1000 feet of Lake, Pond or Flowage	y/Land withi	S s Propert	☐ snoreland
Are Wetlands Present?	Is Property in Floodplain Zone?	Is Prop Floodpla	line : feet	ure is from Shoreline :	Distance Structure		ver, Stream If yes	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	y/Land withi ndward side o	☐ Is Propert Creek or Lar	\
1,88					RIVER	1RON	W	N, Range 0	4/	Township	Section //
ge	Acreage		Lot Size			Town of:		ŀ		7	``
The second secon		ä	Subdivision:	Block(s) No.	Lot(s) No.	Vol & Page	7/0 WS) (s	Cot(s)	Gov't Lot	1/4	1/4,
# assigned by Register of Deeds	R-	eed (i.e. #	Document #:			.5 G(6)	18x 10# (4-3 0816)	(Use Tax Statement)		Legal Description:	PROJECT LOCATION
No S	Attached O Yes		-	3			† 	Add Advisor Services			
Written Authorization	Written		ate/Zip):	Agent Mailing Address (include City/State/Zip):	nt Mailing Addr		Agent Phone:	If of Owner(s))	lication on beha	son Signing App	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Phone:	Plumber Phone:				Plumber:		Contractor Phone:			`	Contractor:
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1e:	Cell Phone:	,	- 1			Zip:	City/State/Zip:	WOSNHOF	JOH RUCK		Address of Property:
Telephone: 7/5 372-59/0	Telephot	LN8117	<u> </u>	City/State/Zip:	City/si	oress:	LTAGA CL	<u> </u>	•)) ~	う う う う う う う う う う う う う う う う う う う
☐ OTHER	A	□ B.O.A.	AL USE	CONDITIONAL USE SPECIAL USE	ONDITIONAL	Į.	NITARY	90000	▼ 12/LAND USE	QUESTED-	TYPE OF PERMIT REQUESTED—
						- Innerture - Inne		1	3		0.0000000000000000000000000000000000000

Address to send permit 67660

Cty

Howy

I RON RIVER, WI

24842

Attach

Copy of Tax Statement recently purchased the property send your Recorded Deed

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

liged on the Deed All Owners must sign or lettere) of authorization mus

ccompany this application)

Date

Authorized Agent:

(If there are Mu

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[[we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. | (we) acknowledge that | (we) am (are) providing has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. | (we) acknowledge that | (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. | (we) consenting output officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

May Also Be Required

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Robbie & Julianne Johnson 17-0187 Issued To: No. Iron River 47 Range 8 W. Town of 17 Township Location: Section 1/4 of CSM# 710 Subdivision 3 Block Gov't Lot Lot

For: Residential Accessory Structure: [1-Story; Garage (40' x 40') = 1,600 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation or sleeping purposes.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 31, 2017